## FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**APPROVED** 

1997 JAN 27 PM 3: 23

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FILING \$ 203.		Annual Report \$10 ke Check Payable					TALL	RETARY AHASSEI	FLOR	IDA
1 Name and Mailing Address of Limited Liability Company DOCUMENT #L9400000721										
FU	UTRAL'S	FEED STOR	Œ, L.C.	1a. Principal Place of Business Address						
3371 PALM BEACH BLVD FT MYERS F1 33916							3371 PALM BEACH BLVD FT MYERS FL 33916			
If above m	nailiog address is	incorrect in any way. Ilne t	hrough incorrect	information and en	nter corre	ction in Block 2a.				
If above mailing address is incorrect in any way, Ilne through Inc.  2. Principal Place of Business  2a.			2a. Maili	lailing Address			3. Date Organized		3a. State	of Formation
Suite, Apt. #, etc. S			Suite, Ap	ite, Apt. #, etc.			12/28/199 4. FEI Number	4 1	L	<u></u>
City & State			City & St	City & State				•		Applied For
ony a state							55-0555088 5. Date of Last Report		6. Certific	Not Applicable ate of Status Desired
Žip		Country	Zip		Country	<i>!</i>	05/24/199	, 6	SB 75 A 1d-1	io al Fee Begoin T
	7. Name	and Address of Curre	nt Registered	Agent	T	······································	8. Name and Addre		gistered Ac	ent
9. Pursua its register as register	red office or reg	sions of Sections 608.4 jistered agent, or both, ir accept the obligations.	the State of Flo	rida. Such change	was au	thorized by affirme	d liability company sui ative vote of a majority	pmils this state of the member	s. I hereby a	ccept the appointment
Registered Agent Accepting Appointment) (N   10. Title   Managing Members/Managers			Business Street Address				City	State and	Zip Code	
MGR		GEORGE	-	54 VAN				T MYER: T MYER: -01/29 -01/29 ****		971-1 1028-007 ****203.75
4 1 2 1		Nation ( - 4 4			46		action 110 07/3) (I) El	orida Statuton	Murtharaar	ib that the information

 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), F indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGI	NA	TU	RE:
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

G. F. Futral

1/22/97 (941)694-1280

Daytime Phone #